

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

Fresenius Medical Care North America PAC

ADDRESS (number and street)

801 Pennsylvania Avenue, NW

Suite 255

☐Check if different
than previously
reported. (ACC)

Washington

DC

20004

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00401299

3. IS THIS
REPORT☒NEW
(N)**OR**☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☒

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

02

01

2010

through

02

28

2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Kathleen Smith

Signature of Treasurer

Electronically Filed by Kathleen Smith

Date

03

10

2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

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Write or Type Committee Name
Fresenius Medical Care North America PAC

Report Covering the Period: From:

M	M
0	2

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	2

D	D
2	8

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2010	7329.72
(b) Cash on Hand at Beginning of Reporting Period	6904.14	
(c) Total Receipts (from Line 19)	9856.42	12535.84
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	16760.56	19865.56
7. Total Disbursements (from Line 31)	6530.00	9635.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	10230.56	10230.56
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

Fresenius Medical Care North America PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	2	0	1	2	0	1	0

To:

M	M	D	D	Y	Y	Y	Y
0	2	2	8	2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	8239.40	8960.96
(ii) Unitemized	1617.02	3574.88
(iii) TOTAL (add Lines 11(a)(i) and (ii)	9856.42	12535.84
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	9856.42	12535.84
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	9856.42	12535.84
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	9856.42	12535.84

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	30.00	135.00	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	30.00	135.00	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	6500.00	9500.00	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	6530.00	9635.00	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6530.00	9635.00	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	9856.42	12535.84
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9856.42	12535.84
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	30.00	135.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	30.00	135.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 10

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

A.

Full Name (Last, First, Middle Initial)

Eric Bishop

Mailing Address 4 Morrill Cir

City

Wellesley

State

MA

Zip Code

02482-4400

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fresenius Medical Care NA

Occupation

Vice Pres, Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 4 / 2 0 1 0

Transaction ID: 00310.C1724

Amount of Each Receipt this Period

2000.00

Receipt

B.

Full Name (Last, First, Middle Initial)

David Carter

Mailing Address 5215 Wiltonwood Ct

City

Indianapolis

State

IN

Zip Code

46254-9665

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fresenius Medical Care NA

Occupation

VP Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 6 / 2 0 1 0

Transaction ID: 00310.C1781

Amount of Each Receipt this Period

130.00

Receipt

Payroll Deduction: (130.0-
0/Monthly)

C.

Full Name (Last, First, Middle Initial)

Simon D Castellanos

Mailing Address 2670 S Youngfield Ct

City

Denver

State

CO

Zip Code

80228-4937

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fresenius Medical Care NA

Occupation

Business Unit President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.60

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 6 / 2 0 1 0

Transaction ID: 00310.C1733

Amount of Each Receipt this Period

230.80

Receipt

Payroll Deduction: (230.8-
0/Monthly)

SUBTOTAL of Receipts This Page (optional)

2360.80

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 10

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

A.

Full Name (Last, First, Middle Initial)

Balaji Gandhi

Mailing Address 920 Winter St

City

Waltham

State

MA

Zip Code

02451-1521

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fresenius Medical Care NA

Occupation

VP Govt & External Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 6 / 2 0 1 0

Transaction ID: 00310.C1810

Amount of Each Receipt this Period

100.00

Receipt

Payroll Deduction: (100.0-
0/Monthly)

B.

Full Name (Last, First, Middle Initial)

Robert McGorty

Mailing Address 2 Walter Circle

City

Westford

State

MA

Zip Code

01886-4533

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fresenius Medical Care NA

Occupation

VP Finance & Admin

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 6 / 2 0 1 0

Transaction ID: 00310.C1756

Amount of Each Receipt this Period

230.76

Receipt

Payroll Deduction: (230.7-
6/Monthly)

C.

Full Name (Last, First, Middle Initial)

Kathleen Smith

Mailing Address 2309 Scroggins Rd

City

Alexandria

State

VA

Zip Code

22302-3127

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fresenius Medical Care NA

Occupation

VP Govt & External Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 8 / 2 0 1 0

Transaction ID: 00310.C1723

Amount of Each Receipt this Period

5000.00

Receipt

SUBTOTAL of Receipts This Page (optional)

5330.76

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 10

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

A.

Full Name (Last, First, Middle Initial)

Kim Sonnen

Mailing Address 240 S Madison St

City

Denver

State

CO

Zip Code

80209-3010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fresenius Medical Care NA

Occupation

SVP Marketing & Managed Care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 6 / 2 0 1 0

Transaction ID: 00310.C1763

Amount of Each Receipt this Period

260.00

Receipt

Payroll Deduction: (260.0-
0/Monthly)

B.

Full Name (Last, First, Middle Initial)

Liam Walsh

Mailing Address 5809 Chatham Ln

City

The Colony

State

TX

Zip Code

75056-7109

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fresenius Medical Care NA

Occupation

VP Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

268.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 6 / 2 0 1 0

Transaction ID: 00310.C1766

Amount of Each Receipt this Period

134.00

Receipt

Payroll Deduction: (134.0-
0/Monthly)

C.

Full Name (Last, First, Middle Initial)

Deborah A. Wells

Mailing Address 100 Galleria Pkwy SE
Suite 500

City

Atlanta

State

GA

Zip Code

30339-3179

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fresenius Medical Care NA

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 6 / 2 0 1 0

Transaction ID: 00310.C1808

Amount of Each Receipt this Period

153.84

Receipt

Payroll Deduction: (153.8-
4/Monthly)

SUBTOTAL of Receipts This Page (optional)

547.84

TOTAL This Period (last page this line number only)

8239.40

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

A. Full Name (Last, First, Middle Initial) **CAMPAIGN FOR OUR COUNTRY**

Mailing Address 10 G Street NE
Suite 710

City Washington State DC Zip Code 20002-4213

Purpose of Disbursement
STOP PAYMENT

Candidate Name
CAMPAIGN FOR OUR COUNTRY

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2009
☐ Primary ☐ General
☒ Other (specify) ▼
 annual/other

State: District:

Transaction ID: 00310.E174

Date of Disbursement

/ /

Amount of Each Disbursement this Period

-1000.00

STOP PAYMENT

B. Full Name (Last, First, Middle Initial) **GLACIER PAC**

Mailing Address c/o Elizabeth Kelley
7036 N Wall Ave

City Portland State OR Zip Code 97203-5152

Purpose of Disbursement
DIRECT CONTRIBUTION

Candidate Name
GLACIER PAC

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☐ General
☒ Other (specify) ▼
 annual/other

State: District:

Transaction ID: 00208.E167

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

DIRECT CONTRIBUTION

C. Full Name (Last, First, Middle Initial) **HALEYS PAC**

Mailing Address PO Box 1186

City Jackson State MS Zip Code 39215-1186

Purpose of Disbursement
DIRECT CONTRIBUTION

Candidate Name
HALEYS PAC

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☐ General
☒ Other (specify) ▼
 annual/other

State: District:

Transaction ID: 00310.E172

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

DIRECT CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional)

6500.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

A. Full Name (Last, First, Middle Initial)
Richard Neal for Congress Committee

Mailing Address P.O. Box 15906

City Chevy Chase State MD Zip Code 20825-

Purpose of Disbursement
STOP PAYMENTCandidate Name
RICHARD E NEALCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: MA District: 02

Transaction ID: 00310.E173

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	5		2	0	1	0

Amount of Each Disbursement this Period

-1000.00

STOP PAYMENT

B. Full Name (Last, First, Middle Initial)
Friends for Harry ReidMailing Address 426 C Street, NE
Rear Building

City Washington State DC Zip Code 20002-5818

Purpose of Disbursement
DIRECT CONTRIBUTIONCandidate Name
HARRY REIDCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: NV District: 00

Transaction ID: 00310.E171

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	9		2	0	1	0

Amount of Each Disbursement this Period

700.00

DIRECT CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
Friends for Harry ReidMailing Address 426 C Street, NE
Rear Building

City Washington State DC Zip Code 20002-5818

Purpose of Disbursement
DIRECT CONTRIBUTIONCandidate Name
HARRY REIDCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: NV District: 00

Transaction ID: 00310.E170

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	9		2	0	1	0

Amount of Each Disbursement this Period

300.00

DIRECT CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

6500.00